Tradition

- The old way
  - Come in unless sick or vacation
  - I need to see you and make sure you are working
- Then…COVID
  - Forced many of us to work from home
  - Forced us to change the way we work
- Silver Lining
  - Showed us its possible
  - Made it reimbursable

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Back to Work

- **COVID ended**
- **Asked everyone to come back to office**
- **Everyone couldn't**
  - **Kids at home due to school**
  - **Ill family member**
- **Made numerous exceptions**

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The ask

- **Many faculty and staff asked: Can we continue to work from home?**
  - **Safety**
  - **Convenience**
  - **Work more efficiently**

- **Why not?**
  - **Demonstrated that it can work**

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Pros and Cons

- **Pros**
  - **Staff and faculty satisfaction**
  - **Flexibility**
  - **Space**
- **Cons**
  - **Staff vs faculty vs faculty**
  - **Lack of accessibility if you need someone or something**
  - **Lack of social contact**
  - **Monitoring productivity**
  - **Multidisciplinary Center impact**
  - **When is it ok? (equity)**

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My Questions

- **When is it ok (equity)**
- **How to manage space**
  - **permanent office vs flex spaces**
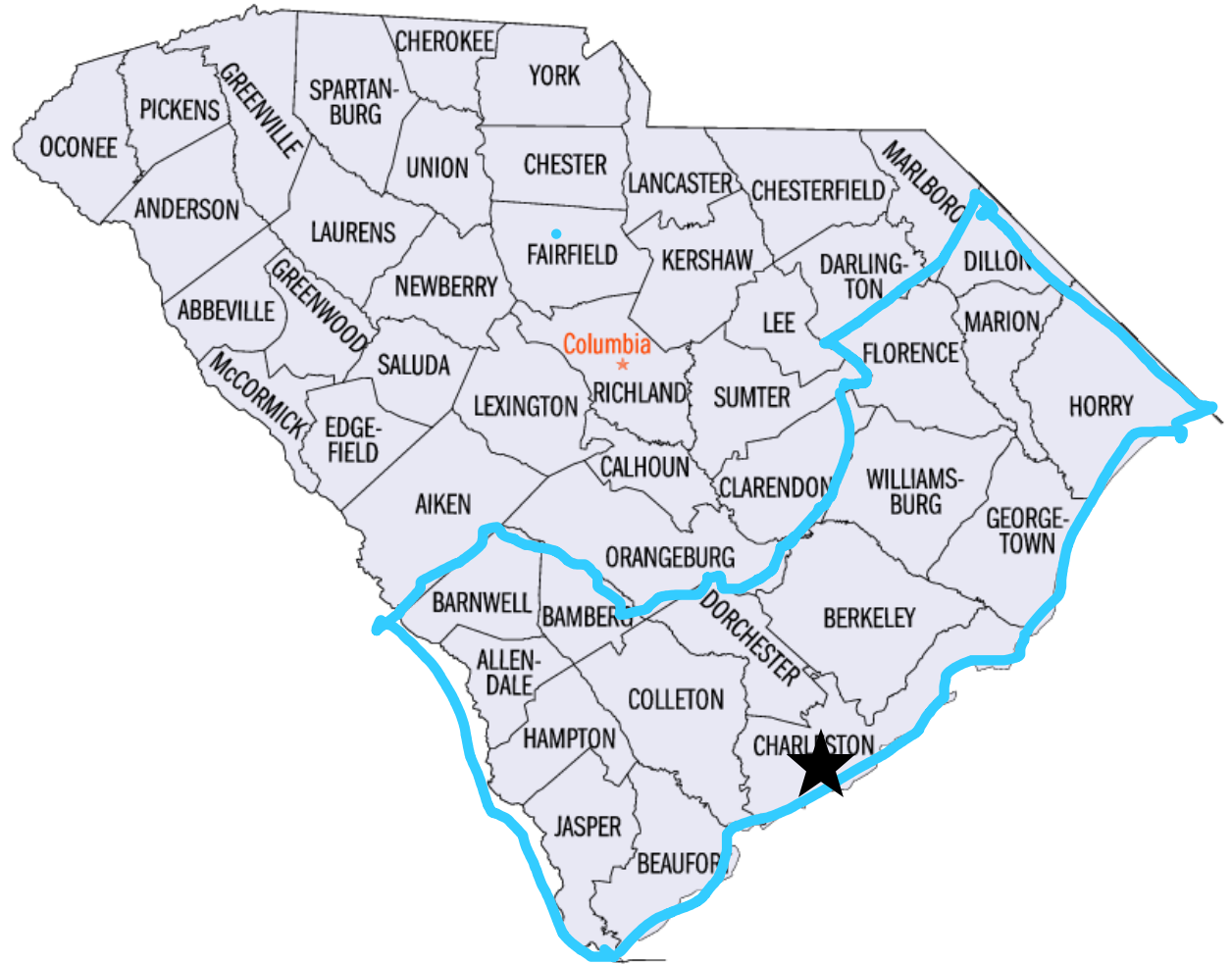- **This is the future**
- **Impact on patient experience**

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Medical University of South Carolina Division of Developmental and Behavioral Pediatrics

Laura Carpenter, PhD & Catherine Bradley, PhD

Large dedicated catchment area

Status of remote work pre-pandemic

Most psychologists took one "report writing" remote work day per week

Telehealth mostly limited to research and not done remotely

All meetings were in person, including frequent meetings in Columbia (the mid-point in the state)

Current status of remote work in SC (state institution)

- Faculty must be in the office at least two days per week per governor
  - Significant individual variability in who has chosen to continue to work remotely
  - Autism team has chosen the highest volume of remote work (see last slide)

- Per governor, staff must be in office full time unless special agreements in place

- Meetings are still almost 100% virtual

New (and improved!) service model for ASD

Old model (1 visit)

- Intake/testing/feedback on same day
- Model based on geography of area
- Useful for trainees/observers

New model (3 visits)

- Telehealth intake & review/collection of checklists & records
- In person developmental and autism testing (brief feedback sometimes offered on day of service)
- Telehealth feedback

Advantages of new model for providers

- Fewer no-shows for in-person testing

- No-shows have less impact due to decreased visit length

- Providers now split clinic space (alternating telehealth and in person days)

- Decreased report writing burden following each visit

- Patients better prepared for testing

- Families are more focused and engaged during feedback sessions

- Inappropriate referrals can be diverted

- Waitlist significantly decreased

- Easier to schedule (and bill) follow ups

Advantages for families

- Reduced transportation costs/burden

- Shorter, more efficient appointments

- Better access to care for underserved communities

- Safer for patients with compromised immune systems, mobility issues, and challenging behaviors

- Allows additional individuals to be present at feedback visits

Impact on training

- Supervision
  - Old model of "live supervision" during in-person assessment days (co-scoring assessments, staffing cases immediately after seeing the patient, etc.) was not sufficient
  - Traditional "weekly supervision" was added, along with the live supervision on in-person test days (and brief staffing for telehealth)

- Challenges
  - Less camaraderie among trainees (shared offices are often empty)
  - Decreased quality of relationships with supervisors
    - Fewer opportunities for more casual mentorship discussions
  - Trainees who come to observe for the day get a less comprehensive experience (but able to see more example cases)
  - Scheduling issues for trainees who are with us one day per week
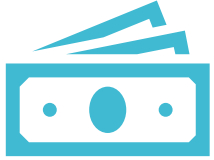
Financial incentives for in person services

Facility fees which pay for nursing services and test protocols

Clinic technology hasn't fully caught up

Still reliant on paper checklists

Cannot get release forms via telehealth

Decreased quality of collegial relationships

Particularly problematic for research assistants, staff, trainees

Increased resentment, misunderstanding, etc.

Other challenges to remote work

Virtual Meetings: blessing or curse?

- Number of meetings <u>attended</u> each week has risen substantially
- Providers are exhausted by back-to-back all-day meetings
- Recommendations:
  - Because meetings are attended more regularly and are more likely to start on time, biweekly meetings may suffice
  - End meetings 5-15 minutes before the hour
  - Other ideas???

Why does remote work seem to be more appealing to our autism team?

- More grant funding (and thus more meetings and academic time)

- New telehealth focused clinic model allows for more remote work
  - Telehealth does not work as well for some other provider types
  - No change to facility fees in moving from 1 to 3 visits

- Existing culture of shared space/ resources

Questions?

elevated insights
· assessment ·

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Remote Working Hybrid Model- Developed in direct response to COVID-19

- HIPAA Compliant Platform & EMR
- Maintained Team Meetings
  - Admin
  - PPE & Precautions
  - Case consult
- Utilized Google Calendar to designate days in office 1:1
- Preserved 1 day per week for admin
- Attempted virtual & socially distant team building
- Maintained "open door" policies

Identified Pros From Hybrid Model

- Flexibility
- Reduced commute
- Yoga pants/comfy clothes
- Team Connectivity
- Virtual admin and appointments
- Revamping organization materials and resources online
- Increased creativity
- Work from anywhere
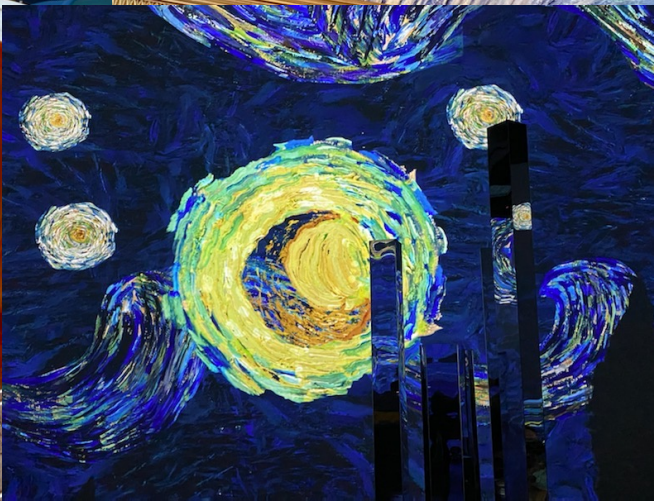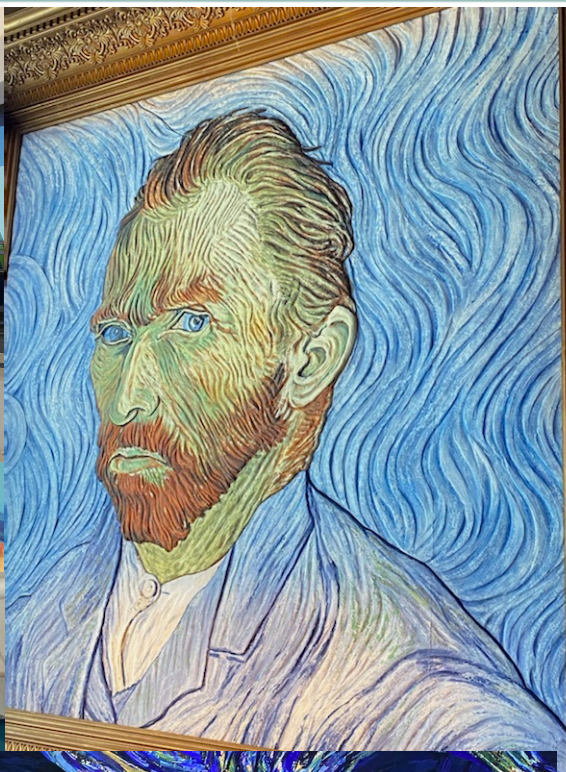
Identified Cons From Hybrid Model

- Social Isolation
- Distractors
- Maintaining two offices
- Asynchronous environment
- Utilizing personal technology
- Paying for unused office space

Tips of the Trade

- Establishing a schedule and set hours
- Maintaining boundaries
- Organization
  - Space
  - Privacy
  - Comfort
- Muting apps/Customizing desktop
- Self-Care
- Movement breaks

"I like how we've kept a community connection in our group, having Monday meetings and always being able to call and chat. While socially it has been more isolating, I've never felt professionally isolated in my work through this pandemic with how easily accessible you and Kate have made yourselves."

"Working from home with flexible hours helps me to approach a sense of balance in my life. I would not be able to make work in Denver happen without this hybrid model, and I think it has provided me with an opportunity I would likely not otherwise have.